

<i>SERFF Tracking Number:</i>	<i>AENX-125721680</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39519</i>
<i>Company Tracking Number:</i>	<i>GH AR0058101F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Business Alliance</i>		
<i>Project Name/Number:</i>	<i>2008 Business Alliance/GH AR0058101F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Business Alliance

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AENX-125721680 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39519

Co Tr Num: GH AR0058101F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI

Disposition Date: 07/08/2008

Date Submitted: 07/03/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Business Alliance

Project Number: GH AR0058101F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Group Market Type: Employer

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Previous Filing Number: AENX-125694181

Overall Rate Impact:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

This is a correction of a couple of pages approved under AENX-125694181

The purpose of AENX-125694181 is to expand benefit ranges and add new benefit features to our medical plans in order to enhance plan design flexibility for our policyholders.

In addition:

In response to a given policyholder's needs, a plan may be written as an accident only medical plan. The terms "illness"

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and/or "disease" will be deleted accordingly from the plan documents if a policyholder's plan is an accident only medical plan.

In response to a given policyholder's needs, a plan may be written as an outpatient only medical plan. References to inpatient facility expenses will be deleted accordingly from the plan documents if a policyholder's plan is an outpatient only medical plan. Outpatient only medical plans will be offered in conjunction with a hospital (or hospital/inpatient facility) confinement indemnity plan to policyholders.

The hospital (or hospital/inpatient facility) confinement indemnity plans may be network based.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue (860) 279-1282 [Phone]

Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company

CoCode: 60054

State of Domicile: Connecticut

151 Farmington Avenue

Group Code: 1

Company Type:

Hartford, CT 06156

Group Name: Aetna

State ID Number:

(860) 273-7546 ext. [Phone]

FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	07/03/2008	21233593

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/08/2008	07/08/2008

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Disposition

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125721680</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Premium Contribution provisions	Approved-Closed	Yes
Form	Premium Contribution Provisions	Approved-Closed	Yes

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Product Name:	2008 Business Alliance		
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Form Schedule

Lead Form Number: GR-9N 30-20 01

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N 30-20 01	Certificate	Premium Contribution t, Insert provisions Page, Endorsement or Rider	Revised	Replaced Form #: Previous Filing #: AENX-125694181	43	GR-9N 30-20 01.PDF
Approved-Closed	GR-96173 90	Certificate	Premium Contribution Provisions Page, Endorsement or Rider	Revised	Replaced Form #: Previous Filing #: AENX-125694181	42	GR-96173 90.PDF

Premium Contribution Provisions

This plan requires you to make premium contribution payments. [If payments are made through a payroll deduction with your employer, your employer will forward your payment to **Aetna**.] **Aetna** will not pay benefits under this Booklet-Certificate in the absence of payment of current premium contributions. Any payment denial is subject to the complaint and appeals process described in this Booklet-Certificate.

Missed Premium Contribution Payments

If you miss a premium contribution payment [if, for example, you were temporarily absent from work or you have not worked enough hours to cover your payroll deduction], **Aetna** will allow you to make direct payment to **Aetna** to make your premium contributions current and keep your coverage in force.

To submit a missed premium contribution you must follow the Missed Premium Contribution payment process established for this Plan. See your employer for details. You must also submit your entire missed premium contribution amount for all coverages you have elected.

Payment must be received by **Aetna** within [30 – 60] days after the date the premium contribution was due. If payment is not received within such time, benefits will not be payable for losses or expenses incurred during any period of time that premium was unpaid.

A missed premium contribution payment will not be accepted for any period after your eligibility for coverage ends.

Life Insurance

If you have missed a premium contribution payment and you die prior to remitting payment to **Aetna**, your beneficiary may make a payment on your behalf and keep the policy in force. **Aetna** will allow the beneficiary of your **Aetna** life insurance policy to make a missed premium contribution payment within 45 days of your death providing your coverage was in effect 31 days prior to your date of death. Payment must be made in full for all coverage elected by you.

Clerical Errors

Aetna will evaluate any claims of administrative or clerical error by **Aetna** or the policyholder and will make exceptions and correction for any errors identified.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	07/08/2008
Comments:				
Attachments:				
	AR - READABILITY CERTIFICATION.PDF			
	AR - NAIC TRANSMITTAL DOC.PDF			
	AR - NAIC FORM FILING ATTACHMENT.PDF			
Bypassed -Name:	Application	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	07/08/2008
Bypass Reason:	not applicable			
Comments:				

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-9N 30-20 01	42.6
GR-96173 90	41.7

Signed: _____

Name: _____

Title: _____

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069		CiesielskiJW@Aetna.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	GH AR0058101F01					
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	H21 Health - Other					
10.	Product Coding Matrix Filing Code	H21.000 Health - Other					
11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>This is a correction of a couple of pages approved under AENX-125694181</p> <p>The purpose of AENX-125694181 is to expand benefit ranges and add new benefit features to our medical plans in order to enhance plan design flexibility for our policyholders.</p> <p>In addition: In response to a given policyholder's needs, a plan may be written as an accident only medical plan. The terms "illness" and/or "disease" will be deleted accordingly from the plan documents if a policyholder's plan is an accident only medical plan.</p> <p>In response to a given policyholder's needs, a plan may be written as an outpatient only medical plan. References to inpatient facility expenses will be deleted accordingly from the plan documents if a policyholder's plan is an outpatient only medical plan. Outpatient only medical plans will be offered in conjunction with a hospital (or hospital/inpatient facility) confinement indemnity plan to policyholders.</p> <p>The hospital (or hospital/inpatient facility) confinement indemnity plans may be network based.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p> <p>Signature _____ Date _____</p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GH AR0058101F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Premium Contribution provisions	GR-9N 30-20 01	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	AENX-125694181
02	Premium Contribution Provisions	GR-96173 90	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	AENX-125694181
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	